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TALLAHASSEE, FLORIDA

Receivers APR 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Froyo of Millennia LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ariff Khimani

Name of Person

Firm/Company

4104 Millenia Blvd Suite102

Address

Orlando fl 34839

City/State and Zip Code

ariff.khimani@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ariff Khimani

at (407) 694 9938

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sheila Khimani	9066 Harbor isle Dr Windermere fl 34786	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Ilyas Khimani	9066 harbor Isle Dr Windermere Fl 3478	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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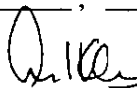
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

4/15/15



Signature of a member or authorized representative of a member

ARIFF KHI MANI

Typed or printed name of signee

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Filing Fee: \$25.00

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